Post-Deployment Health Reassessment (PDHRA)

Clinician Training

June 2005

(Revised 22 Sep 05)

Purpose of the Post-Deployment Health Reassessment (PDHRA)

- The Post-Deployment Health Reassessment is really about keeping our commitment to service members returning from operational deployment

Description of the PDHRA

- The Post-Deployment Health Reassessment emphasizes global health
  - Three to six months post-deployment
  - Active Duty, Reserve, Guard personnel
  - Personnel separated from military service

PDHRA Key Elements

- Outreach
- Education
- Health Reassessment
- Detailed Evaluation and Treatment
- Follow-up and Case Management

Impact of Physical and Emotional Stress on Service Members

- Physical and emotional stress of deployment can have health impact
- Health issues don’t always manifest immediately after deployment
- Screening and assessment three to six months post-deployment proactively identifies health concerns expressed by service members since they have returned home
- Adds to continuum of force health protection, further assuring optimal health and readiness of our service members

PDHRA Process

- Service member will complete PDHRA electronically
- Service member will discuss health concerns with provider
- Health care provider will complete assessment and document on DD Form 2900
- Health care provider will refer for further evaluation and treatment, as indicated

DD Form 2900 Initial Step in PDHRA Process

- Demographics and health screening questions to be completed by the military service member
- Health Care Provider interview and review of reported health concerns, documented in Provider section of DD Form 2900

POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)

33348

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment in support of military operations and to assist military healthcare providers, including behavioral health providers, in identifying present and future medical care needs you may have. The information you provide may result in a referral for additional healthcare that may include behavioral healthcare.

Routine Use: To other Federal and State agencies and civilian healthcare providers as necessary in order to provide necessary medical care and treatment. Responses may be used to guide possible referrals.

Disclosure: Disclosure is voluntary.

INSTRUCTIONS: Please read each question completely and carefully before making your selections. Provide a response for each question. If you do not understand a question, ask the administrator. Please respond based on your MOST RECENT DEPLOYMENT.

Demographics

Last Name

First Name **MI**

Date arrived theater (mm/yyyy) /

Date departed theater (mm/yyyy) /

Today's Date (dd/mm/yyyy) / /

DOB (dd/mm/yyyy) / /

Social Security Number — —

Gender
- O Male
- O Female

Marital Status
- O Never Married
- O Married
- O Separated
- O Divorced
- O Widowed

Service Branch
- O Air Force
- O Army
- O Navy
- O Marine Corps
- O Coast Guard
- O Other

Status Prior to Deployment
- O Active Duty
- O Selected Reserves - Reserve - Unit
- O Selected Reserves - Reserve - AGR
- O Selected Reserves - Reserve - IMA
- O Selected Reserves - National Guard - Unit
- O Selected Reserves - National Guard - AGR
- O Ready Reserves - IRR
- O Ready Reserves - ING
- O Civilian Government Employee
- O Other

Pay Grade

O E1	O O01	O W1
O E2	O O02	O W2
O E3	O O03	O W3
O E4	O O04	O W4
O E5	O O05	O W5
O E6	O O06	
O E7	O O07	O Other
O E8	O O08	
O E9	O O09	
	O O10	

Location of Operation
- O Iraq
- O Afghanistan
- O Kuwait
- O Qatar
- O Bosnia/Kosovo
- O SW Asia - other
- O Africa
- O South America
- O North America
- O Australia
- O Europe
- O On a ship
- O Other: _____

Since return from deployment I have:
- O Maintained/returned to previous status
- O Transitioned to Selected Reserves: _____
- O Transitioned to Ready Reserves: _____
- O Retired from Military Service
- O Separated from Military Service

Current Contact Information:

Phone: _____
Cell: _____
DSN: _____
Email: _____
Address: _____

Total Deployments in Past 5 Years:

OIF	OEF	Other
O 1	O 1	O 1
O 2	O 2	O 2
O 3	O 3	O 3
O 4	O 4	O 4
O 5 or more	O 5 or more	O 5 or more

Current Unit of Assignment

_____

Current Assignment Location

_____

_____

Point of Contact who can always reach you:

Name: _____
Phone: _____
Email: _____
Mailing Address: _____

1. Overall, how would you rate your health during the PAST MONTH?
   ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor

2. Compared to before your most recent deployment, how would you rate your health in general now?
   ○ Much better now than before I deployed
   ○ Somewhat better now than before I deployed
   ○ About the same as before I deployed
   ○ Somewhat worse now than before I deployed
   ○ Much worse now than before I deployed

DRAFT

3. Since you returned from deployment, about how many times have you seen a healthcare provider for any reason, such as in sick call, emergency room, primary care, family doctor, or mental health provider?
   ○ No visits ○ 1 visit ○ 2-3 visits ○ 4-5 visits ○ Over 6 visits

4. Since you returned from deployment, have you been hospitalized? ○ Yes ○ No

5. During your deployment, were you wounded, injured, assaulted or otherwise physically hurt? ○ Yes ○ No
   If NO, skip to Question 6.

   5a. **IF YES**, are you still having problems related to this wound, assault, or injury? ○ Yes ○ No ○ Unsure

6. Other than wounds or injuries, do you currently have a health concern or condition that you feel is related to your deployment? ○ Yes ○ No ○ Unsure
   IF NO, skip to Question 7.

   6a. **IF YES**, please mark the item(s) that best describe your deployment-related condition or concern:

   ○ Chronic cough
   ○ Runny nose
   ○ Fever
   ○ Weakness
   ○ Headaches
   ○ Swollen, stiff or painful joints
   ○ Back pain
   ○ Muscle aches
   ○ Numbness or tingling in hands or feet
   ○ Skin diseases or rashes
   ○ Ringing of the ears
   ○ Redness of eyes with tearing
   ○ Dimming of vision, like the lights were going out
   ○ Chest pain or pressure
   ○ Dizziness, fainting, light headedness
   ○ Difficulty breathing
   ○ Diarrhea, vomiting, or frequent indigestion
   ○ Problems sleeping or still feeling tired after sleeping
   ○ Difficulty remembering
   ○ Increased irritability
   ○ Taking more risks such as driving faster
   ○ Other: _____

7. Do you have any persistent major concerns regarding the health effects of something you believe you may have been exposed to or encountered while deployed? ○ Yes ○ No
   IF NO, skip to Question 8.

   7a. **IF YES**, please mark the item(s) that best describe your concern:

   ○ DEET insect repellent applied to skin
   ○ Pesticide-treated uniforms
   ○ Environmental pesticides (like area fogging)
   ○ Flea or tick collars
   ○ Pesticide strips
   ○ Smoke from oil fire
   ○ Smoke from burning trash or feces
   ○ Vehicle or truck exhaust fumes
   ○ Tent heater smoke
   ○ JP8 or other fuels
   ○ Fog oils (smoke screen)
   ○ Solvents
   ○ Paints
   ○ Radiation
   ○ Radar/microwaves
   ○ Lasers
   ○ Loud noises
   ○ Excessive vibration
   ○ Industrial pollution
   ○ Sand/dust
   ○ Blast or motor vehicle accident
   ○ Depleted Uranium (if yes, explain)
   _____
   ○ Other: _____

8. Since return from your deployment, have you had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern? ○ Yes ○ No ○ Unsure

9. Have you had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....

   a. Have had any nightmares about it or thought about it when you did not want to ○ Yes ○ No

   b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it ○ Yes ○ No

   c. Were constantly on guard, watchful, or easily startled ○ Yes ○ No

   d. Felt numb or detached from others, activities, or your surroundings ○ Yes ○ No

10. a. In the PAST MONTH, did you use alcohol more than you meant to? ○ Yes ○ No

   b. In the PAST MONTH, have you felt that you wanted to or needed to cut down on your drinking? ○ Yes ○ No

11. Over the PAST MONTH, have you been bothered by the following problems?	Not at all	Few or several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	○	○	○	○
b. Feeling down, depressed, or hopeless	○	○	○	○

12. If you checked off any problems or concerns on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

   ○ Not difficult at all ○ Somewhat difficult ○ Very difficult ○ Extremely difficult

13. Would you like to schedule a visit with a healthcare provider to further discuss your health concern(s)? ○ Yes ○ No

14. Are you currently interested in receiving information or assistance for a stress, emotional or alcohol concern? ○ Yes ○ No

15. Are you currently interested in receiving assistance for a family or relationship concern? ○ Yes ○ No

16. Would you like to schedule a visit with a chaplain or a community support counselor? ○ Yes ○ No

Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY # ☐☐☐ – ☐☐ – ☐☐☐☐

DATE (dd/mm/yyyy) ☐☐ / ☐☐ / ☐☐☐☐

Provider Review and Interview

1. Review symptoms and deployment concerns identified on form:
   - ○ Confirmed screening results as reported
   - ○ Screening results modified, amended, clarified during interview: _____

2. Ask behavioral risk questions.
   a. Over the PAST MONTH, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way? ○ Yes ○ No
      IF YES, about how often have you been bothered by these thoughts? ○ Very few days ○ More than half of the time ○ Nearly every day
   b. Since return from your deployment, have you had thoughts or concerns that you might hurt or lose control with someone? ○ Yes ○ No ○ Unsure

3. **IF YES OR UNSURE** to behavioral risk questions, conduct risk assessment.
   a. Does member pose a current risk for harm to self or others? ○ No, not a current risk ○ Yes, poses a current risk ○ Unsure, referred
   b. Outcome of assessment ○ Immediate referral ○ Routine follow-up referral ○ Referral not indicated

4. Record additional questions or concerns identified by patient during interview:

_____

_____

Assessment and Referral: After my interview with the service member and review of this form, there is a need for further evaluation and follow-up as indicated below. (More than one may be noted for patients with multiple concerns.)

5. Identified Concerns

	Minor Concern	Major Concern	Already Under Care: Yes	Already Under Care: No
○ Physical Symptom	○	○	○	○
○ Exposure Concern	○	○	○	○
○ Depression Symptoms	○	○	○	○
○ PTSD Symptoms	○	○	○	○
○ Anger/Aggression	○	○	○	○
○ Suicidal Ideation	○	○	○	○
○ Social/Family Conflict	○	○	○	○
○ Alcohol Use	○	○	○	○
○ Other: _____	○	○	○	○
○ None				

6. Referral Information
   - ○ a. No referral made
   - ○ b. Immediate/emergent care
   - ○ c. Primary Care, Family Practice
   - ○ d. Specialty Care: _____
   - ○ e. Behavioral Health in Primary Care
   - ○ f. Mental Health Specialty Care
   - ○ g. Case Manager, Care Manager
   - ○ h. Substance Abuse Program
   - ○ i. Health Promotion, Health Education
   - ○ j. Other Healthcare Service
   - ○ k. Chaplain
   - ○ l. Family Support, Community Service
   - ○ m. Military OneSource
   - ○ n. Other: _____

7. Comments:

_____

_____

8. Provider
   a. Name (Last, First) _____
   b. Signature and stamp: _____

ICD-9 Code for this visit: V70.5_6

Ancillary Staff/Administrative Section

9. Member was provided the following:
   - ○ Health Education and Information
   - ○ Health Care Benefits and Resources Information
   - ○ Appointment Assistance
   - ○ Service member declined to complete form
   - ○ Service member declined to complete interview/assessment
   - ○ Service member declined referral for services
   - ○ Other: _____

10. Referral made to the following healthcare or support system:
    - ○ Military Treatment Facility
    - ○ Division/Line-Based Medical Resource
    - ○ VA Medical Center or Community Clinic
    - ○ Vet Center
    - ○ TRICARE Provider
    - ○ Contract Support: _____
    - ○ Community Service: _____
    - ○ Other: _____
    - ○ None

33348

DD FORM 2900, JUN 2005

ASD(HA) APPROVED

What is the Clinician's Role in the PDHRA Screening Process?

- Learn about the purpose & nature of the PDHRA process
- Establish a trusting, positive partnership with returning service members
- Review screening instrument (DD Form 2900) and determine if additional evaluation or treatment is needed
- Make referrals as appropriate

Provider Sensitivity is Key: ENVITE

- E – Demonstrate Empathy
- N – Non-confrontational approach
- V – Validate the decision to seek care
- I – Inform with solid scientific information
- T – Take action
- E – Enlist cooperation

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INSTRUCTIONS: Please read each question completely and carefully before making your selections. Provide a response for each question. If you do not understand a question, ask the administrator. Please respond based on your MOST RECENT DEPLOYMENT.

Demographics

Last Name

First Name **MI**

Date arrived theater (mm/yyyy) /

Date departed theater (mm/yyyy) /

Today's Date (dd/mm/yyyy) / /

DOB (dd/mm/yyyy) / /

Social Security Number — —

Gender
- O Male
- O Female

Service Branch
- O Air Force
- O Army
- O Navy
- O Marine Corps
- O Coast Guard
- O Other

Marital Status
- O Never Married
- O Married
- O Separated
- O Divorced
- O Widowed

Status Prior to Deployment
- O Active Duty
- O Selected Reserves - Reserve - Unit
- O Selected Reserves - Reserve - AGR
- O Selected Reserves - Reserve - IMA
- O Selected Reserves - National Guard - Unit
- O Selected Reserves - National Guard - AGR
- O Ready Reserves - IRR
- O Ready Reserves - ING
- O Civilian Government Employee
- O Other

Pay Grade

O E1	O O01	O W1
O E2	O O02	O W2
O E3	O O03	O W3
O E4	O O04	O W4
O E5	O O05	O W5
O E6	O O06	
O E7	O O07	O Other
O E8	O O08	
O E9	O O09	
	O O10	

Location of Operation
- O Iraq
- O Afghanistan
- O Kuwait
- O Qatar
- O Bosnia/Kosovo
- O SW Asia - other
- O Africa
- O South America
- O North America
- O Australia
- O Europe
- O On a ship
- O Other: _____

Since return from deployment I have:
- O Maintained/returned to previous status
- O Transitioned to Selected Reserves: _____
- O Transitioned to Ready Reserves: _____
- O Retired from Military Service
- O Separated from Military Service

Current Contact Information:

Phone: _____
Cell: _____
DSN: _____
Email: _____
Address: _____

Total Deployments in Past 5 Years:

OIF	OEF	Other
O 1	O 1	O 1
O 2	O 2	O 2
O 3	O 3	O 3
O 4	O 4	O 4
O 5 or more	O 5 or more	O 5 or more

Current Unit of Assignment

_____

Current Assignment Location

_____

_____

Point of Contact who can always reach you:

Name: _____
Phone: _____
Email: _____
Mailing Address: _____

1. Overall, how would you rate your health during the PAST MONTH?
   ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor

2. Compared to before your most recent deployment, how would you rate your health in general now?
   ○ Much better now than before I deployed
   ○ Somewhat better now than before I deployed
   ○ About the same as before I deployed
   ○ Somewhat worse now than before I deployed
   ○ Much worse now than before I deployed

DRAFT

3. Since you returned from deployment, about how many times have you seen a healthcare provider for any reason, such as in sick call, emergency room, primary care, family doctor, or mental health provider?
   ○ No visits ○ 1 visit ○ 2-3 visits ○ 4-5 visits ○ Over 6 visits

4. Since you returned from deployment, have you been hospitalized? ○ Yes ○ No

5. During your deployment, were you wounded, injured, assaulted or otherwise physically hurt? ○ Yes ○ No
   If NO, skip to Question 6.

   5a. **IF YES**, are you still having problems related to this wound, assault, or injury? ○ Yes ○ No ○ Unsure

6. Other than wounds or injuries, do you currently have a health concern or condition that you feel is related to your deployment? ○ Yes ○ No ○ Unsure
   IF NO, skip to Question 7.

   6a. **IF YES**, please mark the item(s) that best describe your deployment-related condition or concern:

   ○ Chronic cough
   ○ Runny nose
   ○ Fever
   ○ Weakness
   ○ Headaches
   ○ Swollen, stiff or painful joints
   ○ Back pain
   ○ Muscle aches
   ○ Numbness or tingling in hands or feet
   ○ Skin diseases or rashes
   ○ Ringing of the ears
   ○ Redness of eyes with tearing
   ○ Dimming of vision, like the lights were going out
   ○ Chest pain or pressure
   ○ Dizziness, fainting, light headedness
   ○ Difficulty breathing
   ○ Diarrhea, vomiting, or frequent indigestion
   ○ Problems sleeping or still feeling tired after sleeping
   ○ Difficulty remembering
   ○ Increased irritability
   ○ Taking more risks such as driving faster
   ○ Other: _____

7. Do you have any persistent major concerns regarding the health effects of something you believe you may have been exposed to or encountered while deployed? ○ Yes ○ No
   IF NO, skip to Question 8.

   7a. **IF YES**, please mark the item(s) that best describe your concern:

   ○ DEET insect repellent applied to skin
   ○ Pesticide-treated uniforms
   ○ Environmental pesticides (like area fogging)
   ○ Flea or tick collars
   ○ Pesticide strips
   ○ Smoke from oil fire
   ○ Smoke from burning trash or feces
   ○ Vehicle or truck exhaust fumes
   ○ Tent heater smoke
   ○ JP8 or other fuels
   ○ Fog oils (smoke screen)
   ○ Solvents
   ○ Paints
   ○ Radiation
   ○ Radar/microwaves
   ○ Lasers
   ○ Loud noises
   ○ Excessive vibration
   ○ Industrial pollution
   ○ Sand/dust
   ○ Blast or motor vehicle accident
   ○ Depleted Uranium (if yes, explain)
   _____
   ○ Other: _____

8. Since return from your deployment, have you had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern? ○ Yes ○ No ○ Unsure

9. Have you had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....

   a. Have had any nightmares about it or thought about it when you did not want to ○ Yes ○ No

   b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it ○ Yes ○ No

   c. Were constantly on guard, watchful, or easily startled ○ Yes ○ No

   d. Felt numb or detached from others, activities, or your surroundings ○ Yes ○ No

10. a. In the PAST MONTH, did you use alcohol more than you meant to? ○ Yes ○ No

   b. In the PAST MONTH, have you felt that you wanted to or needed to cut down on your drinking? ○ Yes ○ No

11. Over the PAST MONTH, have you been bothered by the following problems?	Not at all	Few or several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	○	○	○	○
b. Feeling down, depressed, or hopeless	○	○	○	○

12. If you checked off any problems or concerns on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

   ○ Not difficult at all ○ Somewhat difficult ○ Very difficult ○ Extremely difficult

13. Would you like to schedule a visit with a healthcare provider to further discuss your health concern(s)? ○ Yes ○ No

14. Are you currently interested in receiving information or assistance for a stress, emotional or alcohol concern? ○ Yes ○ No

15. Are you currently interested in receiving assistance for a family or relationship concern? ○ Yes ○ No

16. Would you like to schedule a visit with a chaplain or a community support counselor? ○ Yes ○ No

Questions 1-6 (General Health)

- Demographics
- Overall health status
- Comparison of Post- to Pre-Deployment Health status
- Injuries, wounds, or assaults during deployment
- Health care use since return from deployment
- Current health concerns that service member believes are related to the most recent deployment

Questions 1-6 Role of Health Care Provider

- Develop a sense of service member's general health through interviewing
- Review service member's DD Forms 2795 and 2796 and other health records available
- Refer health concerns identified during interview to Primary Care Provider (PCP) for evaluation and treatment or specialty care if warranted
- Attend to urgent or emergent care needs

Referrals for the Reserve & Guard

- Reserve Component and Guard members may seek treatment at
  - Department of Veterans Affairs (VA) hospitals and clinics
  - Vet Centers
  - MTF and TRICARE benefits as appropriate
    - Check current guidance on LOD and MMSO requirements
  - Military OneSource for preclinical counseling
    - www.militaryonesource.com
    - Stateside: 800-342-9647
    - Overseas: 800-3429-6477
    - Overseas Collect: 1-484-530-5908

Question 7 (Exposure Concerns)

- "Do you have any persistent major concerns regarding the health effects of something you believe you may have been exposed to or encountered while deployed?"
- Question 7 – Exposure worry or concern even in absence of symptoms
- Effective health risk communication and education needed to discuss exposure concerns

Question 7
Role of Health Care Provider

- Determine if the service member has concerns
- Can the concerns be answered by the screening health care provider with information/risk communication tools at hand?
- If significant health effect, or cannot be answered by screening provider:
  - Refer for follow-up with PCP or specialist
  - Provide information on resources available

Resources for Exposure Concerns

- DoD Deployment Health Clinical Center (DHCC)

  www.pdhealth.mil

- US Army Center for Health Promotion and Preventive Medicine (USACHPPM)

  chppm-www.apgea.army.mil

- DoD Deployment Health Support Directorate www.deploymentlink.osd.mil

Questions 8-12 (Mental Health Screening)

- Covers domains:
  - Interpersonal conflict, adjustment difficulties
    - May refer to Military OneSource
      - www.militaryonesource.com
      - Stateside: 800-342-9647
        Overseas: 800-3429-6477
        Overseas Collect: 1-484-530-5908
  - Alcohol Abuse, PTSD, Depression
- May refer to preclinical counseling services such as Military OneSource, chaplain, or appropriate community resource
- May refer to clinical services such as primary care or specialty care

Problems Accessing Mental Health Care

- Those most in need of mental health care may not actively seek treatment
- Fear of potential stigma associated with mental health concerns
- Inadequate knowledge about how to access mental health care
- Barriers to care: misinformation, misunderstanding, knowledge deficits

Question 12 (Functional Impairment)

- Question 12: “If you checked off any problems or concerns on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?”
  - How have the veteran’s problems impacted home, work, and school life
  - Some distress is not uncommon or abnormal post-deployment, especially if death or injury to unit members
  - Functional impairment aids referral decision-making
    - Impairment generally calls for medical treatment
    - No impairment may best use preclinical counseling

Mental Health Question 8 Role of Health Care Provider

- Question 8 : “Since return from your deployment, have you had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern?”
- Referral to Military OneSource for marriage and family counseling, work adjustment counseling, or other preclinical counseling

Mental Health Question 9 (PTSD and Acute Stress Disorder)

- Question 9: “Have you had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you . . .[had]
- Four questions on screening questionnaire:
  - Nightmares, intrusive thoughts
  - Avoidance of situations, thoughts related to trauma
  - Constantly on guard, watchful, easily startled
  - Numb or detached from others, surroundings
- Increasing positive symptoms = risk of PTSD
- Always consider functional impairment to determine treatment/referral needs

Mental Health Question 10 (Alcohol Abuse)

- Question 10 assesses for alcohol abuse:
  - "In the PAST MONTH, did you use alcohol more than you meant to?"
  - "In the PAST MONTH, have you felt that you wanted or needed to cut down on your drinking?"
  - One positive should lead to additional queries
  - Alcohol abuse a prevalent problem
  - Supplemental guidance available in Substance Use Disorder Clinical Practice Guideline
  - Guidelines available on www.pdhealth.mil

Mental Health Question 11 (Clinical Depression)

- PHQ 2 - Two questions have been shown to be effective for identifying patients who may be depressed:
  - “Over the PAST MONTH, have you been bothered by the following problems:
    - Little interest or pleasure in doing things?
    - Feeling down, depressed or hopeless?”

Mental Health Question 11 Role of the Health Care Provider

- If service member's response to both questions is "no", the screen is negative
- If the service member responded "yes" to either question, ask more detailed questions: S-I-G-E-C-A-P-S
  - How have you been sleeping?
  - Have you been pursuing interests, entertainment, fun?
  - Have you been feeling down on yourself?
  - How is your energy?
  - How is your concentration?
  - What about your appetite?
  - Do you find yourself moving slowly or speeded up?
  - How does the future look to you? (Hopelessness and helplessness add to suicide potential)

Questions 13 through 16 (Self-Referral)

- Questions 13 through 16 provide opportunity for self-referral or care preference:
  - Information and assistance for stress, emotional, alcohol concerns?
  - Assistance for family or relationship concerns?
  - Visit with chaplain or community support counselor?

Completing the PDHRA Form

- Service member completes demographics and self-report portions of DD Form 2900
- Clinician reviews responses and completes Provider's section of DD Form 2900

Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY # ☐☐☐ – ☐☐ – ☐☐☐☐

DATE (dd/mm/yyyy) ☐☐ / ☐☐ / ☐☐☐☐

Provider Review and Interview

1. Review symptoms and deployment concerns identified on form:
   - ○ Confirmed screening results as reported
   - ○ Screening results modified, amended, clarified during interview: _____

2. Ask behavioral risk questions.
   a. Over the PAST MONTH, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way? ○ Yes ○ No
      IF YES, about how often have you been bothered by these thoughts? ○ Very few days ○ More than half of the time ○ Nearly every day
   b. Since return from your deployment, have you had thoughts or concerns that you might hurt or lose control with someone? ○ Yes ○ No ○ Unsure

3. **IF YES OR UNSURE** to behavioral risk questions, conduct risk assessment.
   a. Does member pose a current risk for harm to self or others? ○ No, not a current risk ○ Yes, poses a current risk ○ Unsure, referred
   b. Outcome of assessment ○ Immediate referral ○ Routine follow-up referral ○ Referral not indicated

4. Record additional questions or concerns identified by patient during interview:
   _____
   _____

Assessment and Referral: After my interview with the service member and review of this form, there is a need for further evaluation and follow-up as indicated below. (More than one may be noted for patients with multiple concerns.)

5. Identified Concerns

	Minor Concern	Major Concern	Already Under Care: Yes	Already Under Care: No
○ Physical Symptom	○	○	○	○
○ Exposure Concern	○	○	○	○
○ Depression Symptoms	○	○	○	○
○ PTSD Symptoms	○	○	○	○
○ Anger/Aggression	○	○	○	○
○ Suicidal Ideation	○	○	○	○
○ Social/Family Conflict	○	○	○	○
○ Alcohol Use	○	○	○	○
○ Other: _____	○	○	○	○
○ None				

6. Referral Information
   - ○ a. No referral made
   - ○ b. Immediate/emergent care
   - ○ c. Primary Care, Family Practice
   - ○ d. Specialty Care: _____
   - ○ e. Behavioral Health in Primary Care
   - ○ f. Mental Health Specialty Care
   - ○ g. Case Manager, Care Manager
   - ○ h. Substance Abuse Program
   - ○ i. Health Promotion, Health Education
   - ○ j. Other Healthcare Service
   - ○ k. Chaplain
   - ○ l. Family Support, Community Service
   - ○ m. Military OneSource
   - ○ n. Other: _____

7. Comments:
   _____
   _____

8. Provider
   a. Name (Last, First) _____
   b. Signature and stamp: _____

ICD-9 Code for this visit: V70.5_6

Ancillary Staff/Administrative Section

9. Member was provided the following:
   - ○ Health Education and Information
   - ○ Health Care Benefits and Resources Information
   - ○ Appointment Assistance
   - ○ Service member declined to complete form
   - ○ Service member declined to complete interview/assessment
   - ○ Service member declined referral for services
   - ○ Other: _____
     _____

10. Referral made to the following healthcare or support system:
    - ○ Military Treatment Facility
    - ○ Division/Line-Based Medical Resource
    - ○ VA Medical Center or Community Clinic
    - ○ Vet Center
    - ○ TRICARE Provider
    - ○ Contract Support: _____
    - ○ Community Service: _____
    - ○ Other: _____
    - ○ None

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DD FORM 2900, JUN 2005

ASD(HA) APPROVED

Provider Review and Interview

- Item 1 – Screening HCP reviews and discusses with service member responses to Questions 1-16
- All positive responses should be pursued
- HCP indicates in Item 1:
  - Are screening results confirmed as reported by service member?
  - Should screening results be modified, amended, or clarified based on the HCP interview?

Provider Review and Interview – Items 2, 3, 4 (Behavioral Risk)

- Items 2 and 3 are an assessment of potential for harming self or harming others
- In Item 4, the screening HCP can record any additional questions or concerns identified during the interview

Behavioral Risk Screening

- Behavioral Risk Question is Item 2 in Provider Review and Interview section:
  - "Over the PAST MONTH, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?"
    - "IF YES, about how often have you been bothered by these thoughts?"
  - "Since return from your deployment, have you had thoughts or concerns that you might hurt or lose control with someone?"

Behavioral Risk Screening (Cont)

- Item 3 in Provider Review and Interview section:
  - IF YES or UNSURE to behavioral risk questions, conduct risk assessment
    - Does member pose a current risk for harm to self or others? No, not a current risk; Yes, poses a current risk; Unsure, referred
    - Outcome of assessment: immediate referral, routine follow-up referral, referral not indicated

Assessment and Referral

- Item 5: Identified service member's concerns
  - What are the service member's identified concerns?
  - Major or minor concerns?
  - Is the service member already under care?
- Item 6: What referrals need to be made?
- Item 7: Any additional information the HCP feels is important?
- Item 8: HCP must print, sign, and use signature stamp

Resources for Clinicians: Medical and Behavioral Health

- DoD/VA Clinical Practice Guidelines
  www.oqp.med.va.gov/cpg
- Deployment Health Clinical Center, 866-559-1627, www.pdhealth.mil
- MyHealtheVet
  www.myhealth.va.gov

Mental Health Resources

- MilitaryOneSource
  www.militaryonesource.com
- My HealtheVet
  www.myhealth.va.gov
- National Center for PTS
  www.ncptsd.org
- Deployment Health Clinical Center
  www.pdhealth.mil
- Deployment Health Support Directorate
  www.deploymentlink.osd.mil

Mental Health Resources (Cont)

- National Institute of Mental Health (2002) Mental Health and Mass Violence www.nimh.nih.gov/research/massviolence.pdf
- Iraq War Clinician Guide, 2nd Edition, 802-296-5132 www.ncptsd.org
- Veterans Health Initiative 2001-2004 VHI Courses www.va.gov.vhi
- Screening for Mental Health, Inc. www.mentalhealthscreening.org

Ancillary Staff/Administrative

- Two administrative questions (Items 9 and 10):
  - Type of health information provided to the service member
  - Type of referrals that were made
  - Did the service member accept the referral, or decline to complete the form?

PDHRA Key Elements

- Outreach
- Education
- Health Reassessment
- Detailed Evaluation and Treatment
- Follow-up and Case Management

Documenting PDHRA Results

- DD Form 2900 completed electronically
- Reviewed in paper format with service member, but results from PDHRA entered electronically
- Complete paper copy printed and placed in service member's medical record (DoD) or

  given to service member if separated

Documenting PDHRA Results (Cont)

- PDHRA forwarded electronically
- Stored and included in Defense Medical Surveillance System
- Referrals documented on PDHRA and SF513 (Consultation Request) when available

Additional Guidance & Support

- Additional clinical guidance and support materials available at:
  - www.pdhealth.mil
  - pdhealth@na.amedd.army.mil
  - Deployment Health Clinician Helpline:
    1-866-559-1627 DSN: 642-0907
  - DoD Patient Helpline:
    1-800-796-9699 DSN: 662-3577
  - DoD Helpline from Europe: 00800-8666-8666